

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037531

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 10

FILED OCT 17 1962

Primary Registration District No. 3002

Registrar's No. 223

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
Length of stay in 1b years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 712 S. Clark		d. STREET ADDRESS (If outside, give location) 712 S. Clark	
3. NAME OF DECEASED (Type or print) First Middle Last Albert Adolph Fennewald		4. DATE OF DEATH Month Day Year October 9, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-23-98
9. AGE (last birthday) 64		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (City and state or country) Martinsburg, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Adolph Fennewald		13b. MOTHER'S MAIDEN NAME Katherine Kemna	
14. NAME OF HUSBAND OR WIFE Mrs Josephine Fennewald		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs Josephine Fennewald Mexico, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease DUE TO (c) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 15 min. 15 yr. 20 yr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 8/15/56 to 10/9/62 and last saw him alive on 10/8/62 Death occurred at 10:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Frederick J. [Signature]	
22b. ADDRESS 112 Clark, Mexico Mo		22c. DATE SIGNED 10/9/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-12-1962	23c. NAME OF CEMETERY OR CREMATORY St. Josephs cemete ry	23d. LOCATION (City, town, or county) (State) Martinsburg, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home	25. DATE RECD. BY LOCAL REG. Oct. 10-1962	26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Amendments to this record are as follows

VS 300

Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Med. Co., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.